

CCPC Connect Information Sheet for Groups/Ministries/Adult Classes

Information about the person completing this form:

Name: _____ Position in group: _____

Phone: _____ e-mail address: _____

If you are not the Leader of the group, who is/are the Leader(s)? _____

Information about the Small Group/Ministry/Adult Class:

Name: _____

Description:

Is this a: Small Group, Ministry, Adult Class, or Other _____

Topic (for Class or Small Group): _____

Is this group open to New People? Yes No

Status of Group: Active Inactive Recessed/on Hiatus Potential (being planned)

Please list any membership characteristics. (Age, Gender, Marital Status, previous class required)

Is childcare provided? Yes No

How often does this group meet? _____

Time Commitment: _____

Meeting Day(s): _____ Meeting Time: _____

Location: _____

Street Address: _____

City/St/ZIP: _____

Comments/Notes:

Please provide a list of Members: (OK to put on back, attach separately, or send electronically)